



**Alameda County Sheriff's Office**  
Gregory J. Ahern, Sheriff / Coroner  
Coroner's Bureau, 2901 Peralta Oaks Ct, Oakland, CA 94605  
(510) 382-3000 / (510) 382-3033 (fax)

**Coroner Investigator's Report**

<b>CALL INFO</b>	NAME OF DECEASED (LAST, FIRST MIDDLE) <b>RICHARDSON, John Anthony</b>				TENTATIVE ID UNIDENTIFIED <input type="checkbox"/> <input type="checkbox"/>		CASE NUMBER <b>2016-03766</b>	
	REPORTED BY <b>T. Johnson</b>		REPORTED BY PHONE NO. <b>(510) 357-6500</b>		REPORTING AGENCY <b>San Leandro Hospital</b>			REFERENCE NUMBER <b>06-066642</b>
	INVESTIGATOR <b>Shawn Sobrero</b>		CALL DATE AND TIME <b>12/13/2016 3:01</b>		CASE TYPE <b>Removal Case</b>			
	DATE AND TIME OF DEATH <b>12/13/2016 2:09</b>		DATE OF BIRTH <b>3/28/1968</b>	AGE <b>48 Years</b>	GENDER <b>Male</b>	RACE <b>African-American</b>	MARITAL STATUS <b>Never Married</b>	VET? <input type="checkbox"/>
<b>DECEDENT</b>	HGT <b>74</b>	WGT <b>154</b>	EYE COLOR <b>Brown</b>	HAIR COLOR <b>Black</b>	OCCUPATION <b>Never worked</b>	EMPLOYER		
	<b>Preliminary Summary</b>							
<b>DEATH</b>	LOCATION OF DEATH <b>San Leandro Hospital</b>						LOD TYPE <b>Hospital - ER/OP</b>	
	ADDRESS (STREET, CITY, STATE, ZIP) <b>13855 E. 14th Street San Leandro CA 94578</b>						COUNTY <b>Alameda</b>	
	Manner <b>Homicide</b>			Death Certificate Signed By: <b>Raphael Plasencia</b>				
	Cause A <b>Sepsis</b>						Interval	Hours
	Cause B <b>Small bowel obstruction</b>						Interval	Hours
	Cause C <b>Focally necrotic small bowel volvulus</b>						Interval	Days
	Cause D <b>Intraabdominal adhesions, remote</b>						Interval	Years
	Other Significant Conditions		<b>Abdominal surgical scar, remote</b>					
<b>NOTIFICATION</b>	LEGAL NEXT OF KIN <b>[REDACTED]</b>			RELATIONSHIP <b>[REDACTED]</b>		TELEPHONE NO. <b>[REDACTED]</b>		
	NOTIFIED BY			METHOD <b>In Person</b>		DATE AND TIME <b>12/14/201 0:00</b>		
	IDENTIFICATION METHOD <b>Drivers license</b>			DATE AND TIME <b>12/13/201 3:00</b>				
<b>INCIDENT</b>	LOCATION OF INCIDENT <b>City street</b>						AT WORK <input type="checkbox"/>	
	ADDRESS (STREET, CITY, STATE, ZIP) <b>22nd Avenue and East 12th Street Oakland CA 94606</b>						COUNTY <b>Alameda</b>	
							DATE AND TIME OF INCIDENT	
	INVESTIGATING AGENCY <b>Oakland Police Department</b>			INV AGENCY PHONE NUMBER <b>(510) 238-3455</b>		OFFICER <b>I. Padilla</b>		
<b>DISP</b>	FUNERAL HOME <b>Best Cremation Care of California</b>				BODY RELEASED TO FUNERAL HOME ON <b>12/15/2016 0:00</b>			
	Full Autopsy <input checked="" type="checkbox"/> Partial Autopsy <input type="checkbox"/> Inspection <input type="checkbox"/> Record Review <input type="checkbox"/> Inspection w/Specimen <input type="checkbox"/>				EXAM BY <b>Paul W. Herrmann</b>			

Date Printed Tuesday, February 28, 2017



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### **Investigator Narrative**

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**Decedent:** RICHARDSON, John Anthony  
**Case Number:** 2016-03766  
**Investigator:** Shawn Sobrero

**First Call Information:**

On Tuesday, December 13, 2016, about 0301 hours, San Leandro Hospital reported the undetermined death of John Anthony Richardson, a 48 year old black male. For clarity, John Richardson will be referred to as Richardson throughout this report. All other involved parties with Richardson as a surname will be referred to by their first name. Nurse T. Johnson told me the following in summary.

On Monday, December 12, 2016, about 1257 hours, Richardson was released from Santa Rita Jail.

About 2129 hours, Paramedics Plus medics observed Richardson lying unresponsive on the ground near the intersection of 85<sup>th</sup> Avenue and International Boulevard in the City of Oakland.

About 2138 hours, paramedics triaged Richardson.

About 2151 hours, Richardson was transported from the scene to San Leandro Hospital.

About 2200 hours, Richardson was admitted to the San Leandro Hospital Emergency Department. Doctors suspected Richardson had a bowel obstruction and were confirming their suspicions with medical tests.

On Tuesday, December 13, 2016, about 0209 hours, Doctor Barriac pronounced Richardson's death in the emergency room after Richardson became pulse less and could not be revived.

Three vials of blood were drawn from Richardson before treatment was begun. The vials of blood were collected and left with Richardson's body in the morgue. (SS1832)

About 0450 hours, I notified I.T.R. Sergeant R. Gonzales #1567 of Richardson's death. Sergeant Gonzales said he would notify the Santa Rita Jail Watch Commander of Richardson's death. I emailed medical records and medic run sheets to Sergeant Gonzales. (SS1832)

**Medical Summary:**

Richardson had a history of [REDACTED]. Richardson was [REDACTED]. Richardson made no attempt to notify Santa Rita Jail staff of any medical problems during his most recent incarceration or prior to being released. Richardson's medical records from San Leandro Hospital, Highland Hospital and Santa Rita Jail were requested and received. Richardson's medical records were reviewed and placed in the case file. (SS1832)

**Description of the Death/ Injury Scene:**



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Richardson died in the San Leandro Hospital Emergency Room, located in the City of San Leandro. (SS1832)

**Body Identification:**

I (Sobrero) located an image record from the California Department of Motor Vehicles database (Cal Photo) belonging to John Anthony Richardson [REDACTED]. I compared Richardson's photograph and physical descriptors to the decedent and they appeared to match. (SS1832)

On December 14, 2016, I (Henshaw) received a fax from Central Identification Bureau for a fingerprint comparison of Richardson. The comparison of fingerprints from the decedent matched the fingerprints on file with the Alameda County Sheriff's Office, Personal File Number [REDACTED], associated with the name John Anthony Richardson (DOB 3/28/1968). The fingerprint comparison fax was placed in the case file. (JDH1886)

**Next of Kin Investigation:**

On Tuesday, December 13, 2016, I (Sobrero) performed a search for Richardson's next of kin. I utilized the Accurant database, Santa Rita Jail emergency contact records, and county hospital records. I left several phone messages with potential family and friends, but I was unable to speak with anyone who knew Richardson. (SS1832)

On Wednesday, December 14, 2016, I (Sobrero) contacted Danielle at Strides-Tele Care, a mental health care provider. Danielle provided phone numbers for Richardson's emergency contacts. The phone numbers were eventually determined disconnected. (SS1832)

On Wednesday, December 14, 2016, about 2000 hours, I (Sobrero) contacted Richardson's cousin, [REDACTED] at a home [REDACTED] shared with Richardson's grandmother, [REDACTED] [REDACTED] told me [REDACTED] was home, but indicated she was incapacitated with severe dementia. I notified [REDACTED] of Richardson's death and explained the Coroner's involvement.

[REDACTED] told me Richardson was not married and had no children. Richardson's mother, [REDACTED] was Richardson's legal Next of Kin (NOK). [REDACTED] said the Richardson family were not in communication with each other. [REDACTED] contacted his mother to see if she had contact information for [REDACTED] mother, [REDACTED] [REDACTED] called me later and provided Richardson's sister, [REDACTED] [REDACTED] phone number. I contacted [REDACTED] and she said she was notified of Richardson's death by family. [REDACTED] later gave me [REDACTED] phone number.

About 2200 hours, I (Sobrero) spoke with [REDACTED] by telephone. [REDACTED] told me she was notified of Richardson's death earlier in the day by her daughter, [REDACTED] [REDACTED] confirmed Richardson was never married and had no children. I informed [REDACTED] of the Coroner's involvement and expenses in Richardson's case. [REDACTED] understood, and agreed to start making Richardson's funeral arrangements. [REDACTED] told me Richardson had a long history of drug abuse and mental illness. (SS1832)

**Other Agency Reports:**

On Friday, August 04, 2006, the Oakland Police Officer I. Padilla #7657 wrote police report #06-066642 to document a 245 (a) (1) PC stabbing incident involving John Richardson. (SS1832)



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On Tuesday, February 07, 2017, I (Sobrero) received an e-mailed copy of Officer Padilla's police report which documented Richardson [REDACTED]. I reviewed the report and placed it in the case file. (SS1832)

On Tuesday, February 21, 2017, I (Sobrero) notified the Oakland Police Department Homicide Division of Richardson's death having been mannered a homicide and the relationship to Officer Padilla's 245 (a) (1) PC report, #06-066642. (SS1832)

**Property and Evidence:**

I (Sobrero) issued Coroner's receipt #37614 to the staff of San Leandro Hospital for Richardson's body and property. Richardson's property was documented in CME and deposited in the overnight storage container at the Coroner's Bureau. Richardson's body, intake blood samples, and clothing were placed into cooling in the morgue. (SS1832)

On Thursday, December 15, 2016, [REDACTED] authorized the release of Richardson's body and Paul Newton, representing Best Cremation Care of California, removed Richardson from the Coroner's Bureau morgue. (SS1832)

On Wednesday, January 11, 2017, Richardson's property was released to Richardson's mother, [REDACTED] (SS1832)

**Coroners Fees:**

Coroner's fees for body removal and body preparation totaled \$400.00 in this case. (SS1832)

As of Sunday, February 19, 2017, Coroner's fees totaling \$400.00 were outstanding in this case. (SS1832)

**Investigative Details:**

On Tuesday, December 13, 2016, Deputy B. Wilson and I (Sobrero) arrived at San Leandro Hospital to complete Richardson's removal. I found Richardson in the morgue, outside of cooling, inside a white body bag on a hospital gurney. I opened the body bag and found Richardson lying supine dressed in a hospital gown. Medical therapy was in place and an identification wrist band was labeled with the name John Richardson. I performed a limited external examination of Richardson and found him warm to the touch with no rigor mortis or livor mortis present. Richardson had a large vertical scar on his lower abdomen that appeared old. A light brown fluid was present on a towel near Richardson's mouth that smelled like human feces. No traumatic injuries were seen. I took several digital photographs of Richardson to document his condition. Richardson was prepared for transportation and placed in the Coroner's van.

I collected three vials of Richardson's intake blood and medical records before leaving the hospital.

About 0414 hours, we arrived at the Coroner's Bureau and processed Richardson into the morgue. Digital photographs were taken at intake. I later downloaded all the case photographs to a CD/R and placed it in the case file.



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About 0445 hours, I researched Richardson's arrest history and confirmed Richardson was recently released from the Santa Rita Jail.

On Wednesday, September 07, 2016, Richardson was arrested and housed in Housing Unit 01, F Pod, Cell 8. (SS1832)

On Monday, December 12, 2016, about 1257 hours, Richardson was released from Santa Rita Jail. (SS1832)

About 0450 hours, I notified Intake, Transfer and Release (ITR) Sergeant R. Gonzales of Richardson's death. Sergeant Gonzales said he would notify Santa Rita Jail command staff of the incident. (SS1832)

On Tuesday, December 13, 2016, about 1030 hours, Coroner's Pathologist Doctor Paul W. Herrmann performed Richardson's autopsy and ordered toxicology testing on a sample of Richardson's intake blood. Richardson's intake blood was drawn in the emergency room of San Leandro Hospital just prior to Richardson's death. Dr. Herrmann deferred entering Richardson's cause of death until after the toxicology test results were known. (SS1832)

On Thursday, December 15, 2016, Central Valley Toxicology (CVT) performed a complete drug screening on a sample of Richardson's hospital intake blood. CVT's report indicated no common acidic, neutral or basic drugs, or ethyl alcohol was detected in the sample provided. (SS1832)

On Wednesday, January 11, 2017, about 0600 hours, Dr. Herrmann documented Richardson's cause of death as "Sepsis, due to small bowel obstruction, due to focally necrotic small bowel volvulus, due to intraabdominal adhesions, remote." The intervals from onset for the causes given ranged between hours and days. (SS1832)

### **Findings**

On Monday, February 27, 2017, I (Sobrero) reviewed this case for the purpose of determining Richardson's manner of death. I examined Officer Padilla's 2006 police report, Richardson's Highland Hospital medical records from 2006, my investigative narrative, Dr. Herrmann's autopsy protocol and CVT's toxicology report.

According to Officer Padilla's police report, Richardson was [REDACTED]. Richardson underwent [REDACTED]. Dr. Herrmann's autopsy revealed [REDACTED]. Dr. Herrmann documented Richardson's cause of death as "Sepsis", a direct result of a twisted and constricted bowel. Richardson's death was mannered as a homicide because the injuries to Richardson's intestines were a direct result of [REDACTED].

On Tuesday, February 28, 2017, about 1940 hours, I (Sobrero) notified Oakland Police Sergeant Omar Daza-Quiroz of the manner of Richardson's death. I forwarded copies of the autopsy protocol and my investigative narrative to Sgt. Daza-Quiroz via e-mail. (SS1832)



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**Supervisor Review:**

On Wednesday, March 01, 2017, I (Sgt. R. Macintire) reviewed this case and found it to be complete. I concurred with the findings and approved this case for closure. (RM #1632)

# Alameda County Sheriff's Office

Coroner's Bureau  
2901 Peralta Oaks Court, 2<sup>nd</sup> Floor, Oakland, CA 94605-5319



## Gregory J. Ahern, Sheriff

Director of Emergency Services  
Coroner - Marshal

### M E M O R A N D U M

DATE: December 13, 2016  
FROM: Paul W. Herrmann, M.D.  
TO: Case File 2016-03766  
SUBJECT: AUTOPSY PROTOCOL

Autopsy performed upon the body of John Anthony Richardson at the Coroner's Bureau, 2901 Peralta Oaks Court, Oakland, California, on December 13, 2016, at 8:30 a.m.

### AUTOPSY FINDINGS

- 1) INTESTINAL OBSTRUCTION DUE TO VOLVULUS OF THE SMALL BOWEL WITH FOCAL AREA OF EARLY NECROSIS OF THE SMALL BOWEL.
- 2) MARKED CONGESTION AND EDEMA OF THE LUNGS.
- 3) HOSPITAL BLOOD SAMPLE: NO SIGNIFICANT TOXICOLOGIC FINDINGS.

CAUSE OF DEATH: SEPSIS DUE TO SMALL BOWEL OBSTRUCTION DUE TO FOCALLY NECROTIC SMALL BOWEL VOLVULUS DUE TO INTRAABDOMINAL ADHESIONS, REMOTE.  
Other condition: ABDOMINAL SURGICAL SCAR, REMOTE.

cc: EMS

Sheriff-Coroner  
Alameda County

Body of JOHN ANTHONY RICHARDSON

EXTERNAL EXAMINATION

The body is that of a well-developed adult black male appearing consistent with the stated age of 48 years, weighing 154 pounds and measuring 74 inches. The hair is black and in dreadlocks. Some lice is seen in the hair. There is a shaggy beard and mustache. The irides are brown. The conjunctivae show no abnormalities. A number of teeth are missing in the lower arch and some are rotted at the gum line. The same is true of the upper arch. There is complete rigidity of the neck, jaw, and extremities. Minimal lividity is present on the back.

There is the following evidence of MEDICAL TREATMENT:

1) An endotracheal tube is clamped in place at the right corner of the mouth.

2) A resuscitative electrode pad is present on the midchest and another is present on the left lateral chest.

3) Several EKG pads are adherent to the anterior torso.

4) A hospital identification band is about the right wrist with the name "John A. Richardson."

5) A bandaged needle puncture on the lateral aspect of the right wrist.

6) An intracath is taped in place in right antecubital fossa.



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Alameda County

Body of JOHN ANTHONY RICHARDSON

23           7) A bandaged needle puncture mark is on left biceps area.

24           8) An intracath is taped in place in left antecubital  
25 fossa.

26           TRAUMA

27           There is no evidence of trauma to the face or head and none  
28 is present on the neck.

29           The chest and abdomen show no recent blunt trauma.

30           No blunt trauma is seen on the left upper extremity  
31 including the hand. There is an old Band-Aid present on the  
32 distal phalanx of the long finger. No definite lesion is seen  
33 beneath the Band-Aid. The fingernails are very dirty and of  
34 moderate length.

35           There is no evidence of blunt trauma to the right upper  
36 extremity including the hand. There is a healing abrasion on  
37 the dorsum of the hand which is nearly completely healed. It is  
38 a round abrasion measuring approximately 1/4 inch in diameter  
39 with eschar at its edges.

40           No needle punctures or needle puncture scars are seen over  
41 accessible veins.

42           The right lower extremity shows a healing abrasion on the  
43 lateral aspect of the right knee. This measures 1/2 inch in  
44 diameter with a small more recent abrasion extending downward

Sheriff-Coroner  
Alameda County

Body of JOHN ANTHONY RICHARDSON

45 from it for 1 inch. This abrasion measures 1/16 inch in width.

46 The remainder of the right lower extremity shows no evidence of  
47 trauma.

48 There is no evidence of recent trauma to the left lower  
49 extremity.

50 There is some stasis dermatitis involving both ankles and  
51 scattered pigmented scars are seen in the pretibial areas of the  
52 legs and on the knees.

53 There is a vertical abdominal surgical scar measuring 7  
54 inches in length and the abdominal wall is quite tense.

55 There is an irregular L-shaped scar on the dorsum of the  
56 right hand measuring approximately 1 inch in length and a few  
57 pigmented scars are scattered on the dorsum of the right hand.

58 There is an irregular depigmented scar on the dorsum of the  
59 left hand overlying the second metacarpal. It measures 1 inch  
60 in length and there are two round pigmented scars on the dorsum  
61 of the hand each measuring 1/2 inch in diameter.

62 There is a slightly keloid-forming scar on the lateral  
63 aspect of the left shoulder at the inferior aspect of the  
64 deltoid muscular area. It measures 1-1/4 inches in length and  
65 1/2 inch in width, and a similar parallel scar is seen beneath  
66 it measuring 1-1/4 inches in length.

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Alameda County

Body of JOHN ANTHONY RICHARDSON

INTERNAL EXAMINATION

Y-SHAPED THORACOABDOMINAL AND INTERMASTOIDAL INCISIONS are made.

HEAD: There is no evidence of trauma to the scalp. The subcutaneous tissue, galea and skull show no abnormalities. The meninges show no abnormalities. The external surface of the brain shows no abnormality though it is somewhat pale. The brain weighs 1400 grams. Cut sections of the brain show no internal abnormalities. The vessels of the base of the brain are normal. The base of the skull is normal.

NECK ORGANS: The soft tissues of the neck and the cervical spine are unremarkable. The laryngeal and tracheal cartilages and hyoid bone are intact. The airway is patent. The endotracheal tube is in its proper position. A nasogastric tube extends down the cervical esophagus. The thyroid gland is of normal size and is unremarkable on cut section.

CHEST: There is no evidence of trauma to the chest wall. The ribs are intact. The lungs fill the pleural spaces. There is no free fluid present.

LUNGS: The left lung weighs 900 grams. The right lung weighs 700 grams. The pulmonary arteries and bronchi are unremarkable. The pulmonary parenchyma is markedly congested

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Alameda County

Body of JOHN ANTHONY RICHARDSON

89 and extremely edematous.

90 HEART: The pericardial sac contains a small amount of  
91 clear yellow fluid. The external surface of the heart shows no  
92 abnormality. The heart weighs 360 grams. The coronary arteries  
93 on cut section show no atherosclerosis. The right coronary  
94 artery is dominant. The cardiac chambers and valves show no  
95 abnormalities. The left ventricular wall is slightly thickened  
96 measuring 15 mm, right ventricle is 2 mm. There is no evidence  
97 of any scarring. The foramen ovale is closed. The  
98 interventricular septum is unremarkable. The descending  
99 thoracic and abdominal aorta shows no abnormality.

100 ABDOMEN: The abdominal fat is 3/8 inch at the umbilicus.  
101 The organs are in their normal positions. The stomach is  
102 markedly distended. The small bowel is extremely distended and  
103 there are numerous adhesions between the loops of small bowel.  
104 The diaphragm is adherent to the liver and the stomach is  
105 adherent to the liver. There is no free fluid present in the  
106 abdominal cavity.

107 LIVER: The liver weighs 1800 grams. The capsular surface  
108 is smooth. The parenchyma is maroon-brown in color and  
109 congested. The gallbladder and extrahepatic ducts are  
110 unremarkable.

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Body of JOHN ANTHONY RICHARDSON

111           SPLEEN: The spleen weighs 80 grams. The capsule is  
112 smooth. The parenchyma is unremarkable on cut section.

113           PANCREAS: The pancreas is of normal size. It retains a  
114 firm, tan and lobular architecture.

115           ADRENAL GLANDS: The adrenals are equal in size. The  
116 cortices are dull, yellow in color. The medullae are  
117 unremarkable.

118           GASTROINTESTINAL TRACT: The mucosa of the esophagus is  
119 unremarkable. The gastric mucosa is slightly congested. The  
120 stomach is filled with a voluminous amount of slightly frothy  
121 yellow fluid which has a strong fecal odor. The duodenum and  
122 small bowel contain similar material throughout its entire  
123 length. The small bowel is markedly distended. There is a loop  
124 of small bowel in the pelvic area which is twisted upon itself  
125 and there is some fibrosis between these two loops. At the site  
126 of the twisted bowel there is an area where the bowel is  
127 markedly congested and on cut section has a very thin possibly  
128 necrotic appearance. The serosa of the bowel, at this point,  
129 shows an exudate over a distance of approximately 3 inches.  
130 This is an area of small bowel volvulus and is undoubtedly the  
131 source of intestinal obstruction leading to the marked  
132 dilatation of the small bowel. When this portion of the bowel

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Body of JOHN ANTHONY RICHARDSON

133 is opened over a distance of approximately 3-4 inches, the bowel  
134 wall is markedly congested. This is not seen elsewhere. The  
135 large intestine is intact and contains solid fecal material  
136 throughout its entire length. It is not involved by any of the  
137 adhesions. There is no generalized peritonitis. It is confined  
138 to the bowel at the site of volvulus.

139 GENITOURINARY TRACT: The kidneys are equal in size  
140 weighing 170 grams each. The capsules strip with difficulty.  
141 The cortical surfaces are smooth. On cut section the kidneys  
142 show no abnormality. The renal vessels, pelves and ureters are  
143 in their normal positions. The urinary bladder is empty. The  
144 bladder mucosa has a somewhat congested appearance.

145 The prostate gland is of normal size and is unremarkable on  
146 cut section. Testes are palpated in the scrotum. The penis is  
147 circumcised.

148 The thoracic and lumbar spine are unremarkable.

149

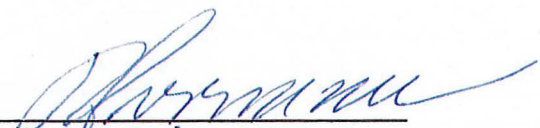
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154 PWH/jkm

  
Paul W. Herrmann, M.D.

**Case Name:**

Richardson,

**TOXICOLOGY NUMBER:** CVT-16-12460

John A.

**Specimen Description:**

Hospital samples: 4 ml blood (3 vials) each labeled "Richardson, John A; 03/28/68;  
48/M; U# F000314037; 1212; (1 vial) 2322 hrs; (1 vial) 2325 hrs; (1 vial) 2328 hrs"  
Postmortem sample: 4 ml vitreous humor labeled "Richardson, John; 2016-03766;  
12/13/2016"

**Delivered by** Tricor

**Date** 15-Dec-16

**Received by** Bill Posey

**Date** 15-Dec-16

**Request:** Complete Drug Screen

**Agency Case #** 2016-03766

**Requesting Agency**

Alameda Co. Coroner's Office  
Attn: Acct's Payable  
2901 Peralta Oaks Ct., 2nd Floor  
Oakland CA 94605

**Report To**

Alameda Co. Coroner's Office  
Attn: Dr. Herrmann  
2901 Peralta Oaks Ct., 2nd Floor  
Oakland CA 94605

**RESULTS**

Specimen: Hospital Blood (Lavender Top Vial-12/12, 2325 hrs) Sample

Complete Drug Screen: No common acidic, neutral or basic drugs detected.  
No Ethyl Alcohol detected.

Specimen: Vitreous Humor Sample

Vitreous Panel: Glucose < 20 mg/dL  
Sodium = 142 mmol/L  
Potassium = 5.6 mmol/L  
Chloride = 115 mmol/L

12/28/2016  
VG

B. L. Posey

December 20, 2016

**B.L. POSEY**  
**S.N. KIMBLE**  
**Directors**

1580 Tollhouse Road  
Clovis, California 93611  
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